

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107070470

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | | | | | | |
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MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS